

PROGRAM AND APPLICATION INFORMATION

JUSTICE ASSISTANCE GRANT (JAG) PROGRAM AND LOTTERY FUNDING

ELIGIBLE PURPOSES

JAG: The Justice Assistance Grant (JAG) Program provides funds to assist state and local units of government in carrying out innovative and effective projects that offer a high probability of improving the functioning of the criminal justice system. Each state is allocated a portion of the funds that Congress appropriates each year. These funds are then re-awarded in each state according to specific needs and strategies.

JAG funds are to be devoted to projects that meet the purposes outlined in the JAG Program.

Multi-jurisdictional and interagency activity, which results in increased coordination and cooperation among criminal justice agencies, is strongly encouraged by the Drug and Violent Crime Policy Board. Priority will be given to current subgrantees with successful projects.

LOTTERY: The Lottery Program provides funds to local units of government for the purpose of defraying operating and equipment costs incurred by a multi-jurisdictional drug task force.

This application kit contains the forms and information necessary to apply for funds through the JAG and Lottery Program.

ELIGIBLE APPLICANTS

JAG awards may be made to state agencies and local units of government. Lottery awards may be made to local units of government. A unit of local government is any city, county, or other political subdivision of a state and includes an Indian tribe that performs law enforcement functions as determined by the Secretary of the Interior.

Cities or counties **must** be the legal applicant and recipient of funds on behalf of police and sheriff departments, prosecutors, or local courts. Grant funds **cannot** be awarded to non-government victim/witness assistance programs and domestic violence programs. However, a subgrantee may contract for services from such an organization.

If the implementing agency is a local law enforcement agency, it must report crime statistics to the State's Uniform Crime Reporting system, and must be current in its reporting or have a plan to become current by June 30, 2015. In order to keep a JAG award, the implementing agency must maintain current UCR statistics through December 31, 2016.

It is necessary to have an authorized official sign the grant application. The unit of government along with the corresponding authorized official is listed below.

<u>Unit of Government</u>	<u>Authorized Official</u>
City or County	Auditor
Indian Tribe	Tribal Chairperson
State Agency	Director

GRANT PERIOD

Grants will be awarded for a maximum of a one-year period and continued funding cannot be guaranteed. Successful applicants are encouraged to secure local funding so that projects may be continued.

MATCH REQUIREMENT

Projects funded under this program have a **cash match** requirement. Percentages are based on total project cost. Match funds must be in cash, not in-kind, and should be identified before applying for grant funding. The required amount of match is as follows:

<u>Unit of Government</u>	<u>Match Percentage</u>
Local	35%
State	35%
Indian Tribe	35%

NON-SUPPLANTATION

Grant funds cannot be used to supplant state and local funds. Grant funds can only increase the amount of such funds that would, in the absence of federal aid, be made available for criminal justice activities.

PROHIBITED USES OF FUNDS

JAG funds cannot be used for: a) firearms, b) ammunition, c) canine expenses, d) construction projects, and e) reoccurring warranty, maintenance, and insurance expenses.

Lottery funds cannot be used for: a) personnel costs, b) buy funds, and c) reoccurring warranty, maintenance, and insurance expenses.

EVALUATION / MONITORING

The Bureau of Justice Assistance requires that each project be evaluated to determine if the project is meeting the goals and objectives stated in the application.

PRIMARY FUNDING CRITERIA

The Drug and Violent Crime Policy Board and the Office of Attorney General will consider the following factors when awarding grant funds under the JAG and Lottery Programs:

- Overall quality of the grant application.
- Demonstration of need.
- Probability of the project meeting the identified goals and objectives.
- Impact of the project upon the criminal justice system.
- Degree and success of coordination with other agencies.

TECHNICAL ASSISTANCE

Please call grants management at (701) 328-5500 or Ann Scott at (701) 328-5506 amscott@nd.gov, if you require any assistance regarding the grant application process.

APPLICATION PROCESS / DEADLINE

The completed application must be returned to this office and postmarked no later than **May 20, 2015**. Applications postmarked after this date will be returned and not considered. **Late submissions will not be accepted.**

One original application should be mailed to:

**Grants Management Section
Bureau of Criminal Investigation
PO Box 1054
Bismarck, ND 58502-1054**

The application should be stapled in the upper left corner. **DO NOT** bind applications in notebooks, plastic bindings, or specially printed covers.

GRANT REVIEW / AWARD PROCESS

The Drug and Violent Crime Policy Board will review the applications in June. The Board will then make their recommendation to the Attorney General. Applicants will subsequently be notified of their status. Approved projects will commence January 1, 2016.

APPLICATION INSTRUCTIONS

(1) Subgrantee:

Enter the name of the state agency or local unit of government. Eligible applicants are state agencies and units of local government such as a city or county or other general-purpose political subdivision of a state including Indian Tribes that perform law enforcement functions.

(2) DUNS #:

The Data Universal Numbering System (DUNS) number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B). New regulations taking affect Oct. 1, 2003 mandate that a DUNS number be provided on all federal grant and cooperative agreement applications.

(3) Authorized Official:

Enter the name, title, address, and phone number of the official (mayor, city auditor, county auditor, director of the state agency, or the Tribal Chairperson) who will receive the federal funds, and who will have overall responsibility for the operation and financial administration of the project.

(4) Implementing Agency:

Enter the name of the agency that will have direct responsibility for the grant.

(5) Project Director:

Enter the name, title, agency, address, and phone number of the person who will have direct responsibility for the overall operation of the project. This person will prepare and submit program reports as required by the Office of Attorney General.

(6) Fiscal Officer:

Enter the name, title, agency, address, and phone number of the person who will have direct responsibility for the financial administration of the project. This person will prepare and submit financial reports as required by the Office of Attorney General.

(7) Authorized Program Area:

There are six authorized funding purposes within the Justice Assistance Grant (JAG) Program. In this space, check the federal purpose area under which the program fits. Choose only one program area per application from the following:

- Law enforcement programs
- Prevention and education programs
- Corrections and community corrections programs
- Drug treatment
- Prosecution/courts
- Planning/evaluation/technology improvement
- Crime victim and witness programs
 - (other than victim/witness compensation)

(8) Multiagency:

Check Yes or No. A Multiagency project involves two or more agencies working cooperatively.

(9) Multijurisdictional:

Check Yes or No. A Multijurisdictional project involves two or more agencies **that cross jurisdictional boundaries**, working cooperatively (e.g., city police for two separate cities).

(10) Subgrantee Level of Government:

Check the level of government that represents the subgrantee. Check only one.

(11) Implementing Agency Level of Government:

Check the level of government that represents the implementing agency. Check only one.

(12) Type of Implementing Agency:

Check the agency type that represents the implementing agency. Check all that apply.

(13) Budget Summary:

The cost of each item should be listed in the proper section. These amounts should include both grant and matching funds. **Please provide additional detail for those items marked with an asterisk (*).** Ex. Equipment/Rent/Lease - funds will be used to purchase two task force vehicles at \$7,500 each.

(14) Funding Source Breakdown:

Grant Funds:

- ✓ Enter the amount of grant funds requested for the total project.

Matching Funds:

- ✓ Enter the amount of matching funds that will be appropriated for the project. The source(s) of the matching funds must be from a non-federal source i.e., state, local, or other.

(15) Source(s) of Matching Funds:

List the source(s) of matching funds. The source(s) of the matching funds must be from a non-federal source, i.e., state, local, or other.

(16) Budget Narrative & Calculations:

Provide detail on each category of requested funds, being sure to show your calculations

(17) Non-Government Agency Budget Summary:

Domestic Violence & Victim Witness Programs ONLY-list agency's entire budget for the current operating period.

(18) Agency Funding Sources:

List any direct federal JAG awards to your agency used to support the same project as that proposed in your JAG application. Direct federal awards means grant funds awarded to your agency without a call for proposal (application). Do NOT list prior JAG awards issued by our office.

List any other grant funding you have secured that support the proposed project's activities.

(19) Program Income:

If your program expects to generate income, please explain.

(20) Project Narrative:

Provide a narrative on the project description, current efforts, collaboration efforts, and project continuation plans. This may be written on the application itself, or as an attachment. The narrative is not to exceed five double-spaced pages using 12-pt font.

(21) Project Goals, Objectives and Performance Measures

Provide a narrative that articulates to goals and objectives and how you will measure your success.

(22) Additional Required Information

MOU's, Third-party contracts, Letters of continued commitment and collaboration, and UCR requirements.

(23) Authorized Signatures:

Must be signed & dated by Authorized Official, Project Director and Fiscal Officer in order to be considered for funding.



Justice Assistance Grant Program

JAG AND LOTTERY APPLICATION
OFFICE OF THE ATTORNEY GENERAL
 Bureau of Criminal Investigation (4/2011)
 Deadline May 20, 2015

(1) Name of Subgrantee (City, County, State Agency)	(2) DUNS #	Phone	Fax
(3) Name of Authorized Official	Title		
Street Address	City	State	Zip Code
Mailing Address if Different	City	State	Zip Code

(4) Name of Implementing Agency

(5) Name of Project Director	Title	E-Mail Address
Agency	Phone	Fax
Street Address	City	State Zip Code
Mailing Address if Different	City	State Zip Code

(6) Name of Fiscal Officer	Title	E-Mail Address
Agency	Phone	Fax
Street Address	City	State Zip Code
Mailing Address if Different	City	State Zip Code

(7) Authorized Program Area			
<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Prevention/Education	<input type="checkbox"/> Drug Treatment	<input type="checkbox"/> Crime Victim and Witness Programs (other than victim/witness compensation)
<input type="checkbox"/> Prosecution/Courts	<input type="checkbox"/> Corrections/Community Corrections	<input type="checkbox"/> Planning/Evaluation/Technology Improvement	

(8) Multi-agency Project? Yes <input type="checkbox"/> No <input type="checkbox"/>	(9) Multijurisdictional Project? Yes <input type="checkbox"/> No <input type="checkbox"/>	Project Period: Start Date <u>1 / 1 / 2016</u>	Project Period: End Date <u>12 / 31 / 2016</u>
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(10) Subgrantees Level of Government (Check one) <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> City/Town <input type="checkbox"/> Indian Tribe
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(11) Implementing Agency Level of Government (Check one) <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> City/Town <input type="checkbox"/> Indian Tribe <input type="checkbox"/> Non Government
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(12) Type of Implementing Agency (Check all that apply)
☐ Law Enforcement
☐ Treatment

☐ Prosecution
☐ Courts

☐ Corrections
☐ Victim/Witness

☐ Domestic Violence
☐ Other
BUDGET SUMMARY

(Specific to Funds Requested in this Application)

(13)**PERSONNEL***Note: Salary cap (wages & fringe benefits) \$52,000 prosecutors and \$42,000 all other personnel*

Positions Funded:

Title: \$ _____
 Title: \$ _____
 Title: \$ _____
 Title: \$ _____
 Title: \$ _____

TOTAL PERSONNEL \$ _____**FRINGE***- Please provide detail regarding what fringe is included & provide calculation(s)*

Title: \$ _____
 Title: \$ _____
 Title: \$ _____
 Title: \$ _____
 Title: \$ _____

TOTAL FRINGE \$ _____**OPERATING***-Please provide additional detail on pages 6-8 for all requested funds*

Supplies \$ _____
 Rent \$ _____
 Communications \$ _____
 Fuel/Oil \$ _____
 Contractual Services \$ _____
 Equipment Rent/Lease \$ _____
 Travel/Training \$ _____
 Other \$ _____

TOTAL OPERATING \$ _____**EQUIPMENT***-Please provide additional detail on page 8 for each piece of equipment*

*Note: Individual item with a cost of
 \$1500 or more and having a useful life
 of one or more years*

TOTAL EQUIPMENT \$ _____**TOTAL BUDGET** ******(Should equal Total Budget Funding Source Below)

\$ _____

FUNDING SOURCE BREAKDOWN**(14)**

Grant Funds	\$ _____	Enter 65% of Total Budget
Match	\$ _____	Enter 35% of Total Budget
Total Budget This Application **(Should equal Total Budget Amount Above)	\$ _____	100%

(15) Source of Matching Funds:

(16) **BUDGET NARRATIVE AND CALCULATIONS**

PERSONNEL

Please provide a detailed description for all personnel expenses.

FRINGE

Please provide a detailed description for all fringe expenses.

OPERATING EXPENSES

Please provide a detailed description for all operating expenses.

A. Supplies: (items under \$1,500)

B. Rent: (Ex. \$150 per month for 12 months = \$1,800)

C. Communications (i.e. telephone, cell phone, fax): (Ex. telephone bill \$20 per month for 12 months = \$240)

D. Fuel/Oil/Vehicle Maintenance:

E. Contractual Services:

Specify purpose of contract with individual consultants, contracting, or service organizations. **The maximum rate for consultants is \$450.00 for an 8-hour day.** Contractual services include payments for services to people not on the payroll of a participating agency. **Round all numbers to the nearest dollar.**

Explain in detail what duties, functions, or responsibilities the consultant(s) will perform.

F. Equipment Rental/Lease: (not a purchase)

G. Travel/Training: Expenses for attending trainings, meetings, conferences, and other work related travel. *Reimbursement for meals and lodging is limited to state rates for in-state travel. For out-of-state travel, GSA rates will prevail.*

Current ND state rates are as follows:

Meals

Breakfast (leave on or before 7 a.m.)	\$ 7.00
Lunch (11:00 a.m. – 1:00 p.m.)	\$10.50
Dinner (5:00 p.m. – 7:00 p.m.)	<u>\$17.50</u>
Total Per Day	\$35.00

***Note:** *In order to claim expenses for the second and third quarters, the employee must have been in travel status one hour before the start of the quarter being claimed and travel status must extend at least one hour into the quarter being claimed. You must travel a minimum of four (4) hours, which covers the following time frames:*

Lodging: Will be reimbursed at the local or current state rate – whichever is lower.

Mileage: In the event a personal vehicle is used, mileage reimbursement will be made at the rate provided by the state of North Dakota.

Training	Registration/ Fees/Tuition	Travel Costs
Course: Purpose: Location: Participants:	\$	\$
Training	Registration/ Fees/Tuition	Travel Costs

Course:		
Purpose:	\$	\$
Location:		
Participants:		

Travel: <i>Transportation, lodging, and meals of project personnel for project-related travel. Refer to the rates listed above when determining your travel budget. Briefly discuss purpose for these travel funds and how they will be used (i.e. mileage for conducting investigations, attending working committee on drugs meetings, etc.):</i>		Travel Costs
		\$

Total Training/Travel Costs	Registration/ Fees/Tuition	Travel Costs
	\$	\$

Note: Round all numbers to the nearest dollar.

H. Other (i.e. insurance, printing):

I. Equipment (NOT leased or rented): <i>Individual item with a cost of \$1500 or more <u>and</u> having a useful life of one or more years</i>	
Description	Requested Amount (Grant Fund and Match Amount)
	\$
	\$
	\$
	\$
	\$
	\$
Total Equipment	\$

Note: Round all numbers to the nearest dollar.

Which agency will maintain ownership of the equipment at the end of the grant period?
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(17) NON-GOVERNMENT AGENCY BUDGET SUMMARY
(DOMESTIC VIOLENCE & VICTIM WITNESS PROGRAMS ONLY)

Please list your **entire AGENCY'S** budget for the **current operating cycle**, including all funding sources. The total amount of the budget line items should equal the total amount of funding sources.

Line Item	Current Operating Budget Amounts
Personnel	\$
Operating Expenses	\$
Equipment	\$
Total Budget	\$

Note: Round all numbers to the nearest dollar.

Funding Sources	Amount	Percentage of Total Agency Budget
Justice Assistance Grant-JAG (Federal Portion Only)	\$	
State General Fund	\$	
Local Government General Fund	\$	
Community Development Block Grant	\$	
Victims of Crime Act (VOCA)	\$	
STOP Violence Against Women Act	\$	
Federal Family Violence	\$	
Domestic Violence Prevention Fund	\$	
Crime Victims Assistance (CVA)	\$	
United Way	\$	
Foundations	\$	
Donations	\$	
Court Fees	\$	
Other (specify):	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
TOTAL FUNDING	\$	100 percent

Note: Round all numbers to the nearest dollar.

(18) AGENCY FUNDING SOURCES

Please list any **JAG grant awards** your agency received **directly** from the Bureau of Justice Assistance program and list the projects supported by these grant funds.

Justice Assistance Grant (JAG) Program	Amount
Projects Supported:	
	\$
	\$
	\$
TOTAL FY 2014 AWARD AMOUNT	\$

Note: Round all numbers to the nearest dollar.

Please list any other sources of grant funding that support this project's activities.

Funding Sources	Amount
Other (specify):	\$
	\$
	\$
TOTAL FUNDING	\$

Note: Round all numbers to the nearest dollar.

(19) PROGRAM INCOME

If the operations of this project are expected to generate income, please discuss possible sources and how it will be used (i.e. asset forfeiture, training fees collected as a result of grant-funded training):

[illegible]

(20) **PROJECT NARRATIVE**

To complete the project narrative the applicant may use this form, or simply type the narrative in the following format. The project narrative must not exceed five double-spaced pages in 12-point type and must include information requested in I through IV below.

I. Project Description: Briefly describe the project that is proposed. How will this project address specific problems. Include specifics about the services to be provided, how the services will be provided (how often and by whom), and the project accomplishments.

II. Current Efforts: *Clearly define what efforts are currently underway in responding to the problem described in the Project Description.*

III. Collaboration with Other Agencies: *Describe coordination and cooperation between agencies during the past year.*

IV. Describe in detail what plans or steps are being taken to assure continuation of your agency's project after grant funding ends.

(21) **PROJECT GOALS, OBJECTIVES, AND PERFORMANCE MEASURES**

Stated goals, objectives, and performance measures will be used by the Office of Attorney General to monitor and assess the project's progress in achieving the intended results. Project goals, objectives, and performance measures should be listed in the format below and not referred to in a narrative format.

Overall Project Goals: State the project's goals, in general or broad terms. Goals should address the specific problem/need identified in the application. Goals should be stated in terms of the outcomes that the project wants to achieve. (Example: Reduce the amount of crime committed by persons under the influence of illicit drugs.)

- 1.
- 2.
- 3.
- 4.

Objectives (Activities directed at achieving goals): State the project's objectives, in terms of specific steps or benchmarks that will eventually lead to accomplishing the goals. Objectives must be clearly expressed and in **measurable** terms. (Example: Increase the number of drug-related arrests by 10 percent.)

- 1.
- 2.
- 3.
- 4.

Performance Measures (How you measure your project's success): (Example: Number of drug-related arrests 2007)

- 1.
- 2.
- 3.
- 4.

(22) **ADDITIONAL REQUIRED INFORMATION**
(Please Attach)

The Drug and Violent Crime Policy Board has adopted a policy stating that applicants failing to submit the following documents with the application will not be considered for funding.

Non-government Agency Applicants (Domestic Violence and Victim Services):

- ☐ A third party contract between the agency and the authorized official of the unit local government stating that the unit of local government will be the legal recipient of the federal funds granted to this agency.

Multi-jurisdictional Drug Task Forces:

- ☐ Memorandum of Understanding (MOU) between the participating agencies. A copy of the previous year's MOU may be submitted if the participating agencies have remained the same. If any agencies have been removed or added to the task force, a new MOU must be submitted.

Continuation projects (Excludes non-governmental agencies and multijurisdictional drug task forces):

- ☐ Letters of continued commitment and collaboration efforts (no more than three) outlining joint collaboration efforts between agencies, OR provide copies of formal agreements between agencies and jurisdictions.

UCR Reporting Requirements:

If the implementing agency is a local law enforcement agency, it:

1. must report crime statistics to the State's Uniform Crime Reporting system
2. must be current in its reporting
3. or must have a plan to become current by June 30, 2015.

In order to keep a JAG award, the implementing agency must maintain current UCR stats through the pre-award and award period (July 1, 2015, through December 31, 2016). Failure to maintain current UCR statistics will result in award sanctions and/or deobligation.

Please indicate **most recent crime statistics** submitted: _____
month year

AUTHORIZED SIGNATURES

I certify that the project proposed in this application meets applicable requirements of the Justice Assistance Grant (JAG) Program and Lottery Program, if applicable, that all information presented is correct, and that the applicant will comply with the provisions of the subgrant program and all other applicable federal laws. By appropriate language incorporated in each grant, sub-grant, or other document under which funds are to be disbursed, the undersigned shall assure that the applicable conditions shown above apply to all recipients of these grant funds.

Signature of Authorized Official

Date

Signature of Project Director

Date

Signature of Fiscal Officer

Date